



MIDDLETOWN COMMISSION ON THE ARTS  
100 RIVERVIEW CTR.-STE. 140 • MIDDLETOWN, CT 06457



**GRANT APPLICATION**  
**APPLICATION MUST BE PRINTED OUT**  
**PRIOR TO CLOSING THE DOCUMENT**  
**ON YOUR SCREEN, AS IT CAN'T BE**  
**SAVED TO YOUR COMPUTER.**

Questions? Call 860.638.4510 or  
**arts@middletownct.gov**

Email:

APPLICANT:

Phone:

ADDRESS:

City:

State:

Zip:

PERSON RESPONSIBLE FOR PROJECT (if other than applicant):

SPONSORING ORGANIZATION:

ADDRESS:

City:

State:

Zip:

Contact Person:

Grant Request:

Total Project Cost:

Briefly describe the project/purpose for which the Commission's grant funds are requested:

**The following date must be filled in or application will be returned.** Project Completion Date:

Date(s) of Project:

Location(s) of Project:

Will project take place without MCA funding? ☐ YES ☐ NO The information so far provided is: ☐ firm ☐ tentative

Are you seeking other funding support? ☐ YES ☐ NO If YES, please list other funding sources:

List dates of past grants or funding from the MCA (Include amount of grant/funding received):

Please provide a complete account of the sources and amounts of funds budgeted for the project, including ticket sales and requested MCA funds:

### INCOME: SOURCE

**AMOUNT** (check if confirmed)

<b>MCA</b> (Middletown Commission on the Arts)		
<b>TOTAL</b>		

Please provide a complete account of the anticipated recipients of funds and amounts to be expended on the project. This information should reflect how you intend to use the MCA funds:

**EXPENDITURES: RECIPIENT****AMOUNT**

**IF ADDITIONAL ROOM IS NEEDED TO COMPLETE BUDGET INFORMATION, SUBMIT YOUR BUDGET ON A SEPARATE DOCUMENT.**

If you anticipate income beyond your expenses, please show that amount here  and explain below how that income will be used.

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**– ATTACH YOUR PRIOR YEAR BUDGET, OR EXPLAIN ITS ABSENCE, IN A SEPARATE DOCUMENT. –**

Describe any anticipated free (in-kind) services for your project:

Please describe the manner in which you plan to promote/publicize your project and credit the MCA for funding support.

Please check the areas that reflect the make-up of your intended audience:

☐ Senior ☐ Minority ☐ Handicapped ☐ Adults ☐ Youth ☐ Children ☐ General

How large an audience do you expect? Per presentation:  Total:

How many participants (not including audience) will be involved in the project?

Will you be selling 1) tickets ☐ YES ☐ NO Price:  2) program ads? ☐ YES ☐ NO Price:

Do you anticipate that your project will impact the citizens of Middletown? Please explain how in the space provided.

**NOTE:** APPLICANTS ARE ADVISED TO RETAIN A COPY OF THE COMPLETED APPLICATION AS SUBMITTED TO THE MCA.

Date:

**RETURN COMPLETED GRANT APPLICATION TO:**

MCA  
100 RIVERVIEW CENTER-SUITE 140  
MIDDLETOWN, CT 06457-3446

Authorized Applicant Signature

Authorized Applicant Name

Authorized Applicant Title